

HTE# 06-5-14206R

IMPROVEMENT PERMIT 22827

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) FLEISHA N. BELL New Installation Septic Tank Repair

Property Location: SR# 2030 McLEAN CHAPEL CH. RD. Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: 11.87 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches	of each ditch	ditches	ditches
	<u>3</u>	<u>90</u> ft.	<u>3</u> ft.	<u>18-22</u> in.

French Drain Required: _____ Linear feet

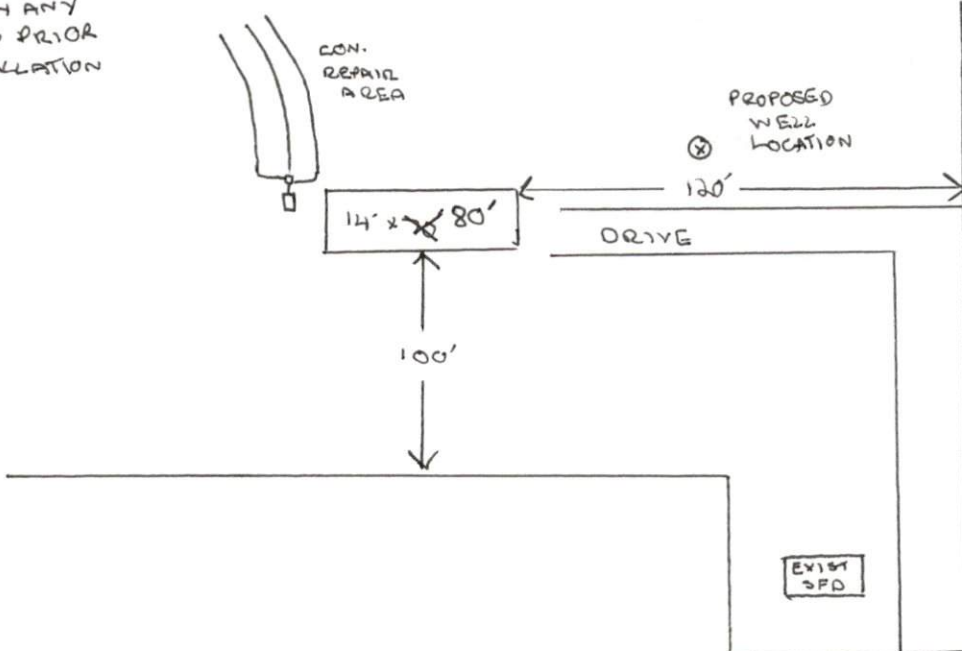
Date: 3/17/06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] RS (OLIVER TOLKSDORF)
Environmental Health Specialist

*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS
REVISED 5/3/06 OT

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22827. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Name FLEISHA N. BELL Telephone # 893-9622

Address PO Box 53 LILLINGTON NC 27546

Property Location SR# 2030 Road Name MCLEAN CHAPEL CH. RD

Subdivision _____ Lot # _____ # Bedrooms Proposed 3 (360 sqd) Lot Size 11.87 AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional [] Other _____

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: Well [] Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

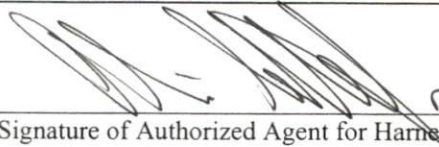
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 18.22 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.


Signature of Authorized Agent for Harnett County

3/17/06
Date
5/3/06
OT